

SERFF Tracking Number: AMEQ-127618815 State: Arkansas  
Filing Company: Eagle Life Insurance Company State Tracking Number: 49747  
Company Tracking Number: 3539  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: 3539  
Project Name/Number: 3539/3539

## Filing at a Glance

Company: Eagle Life Insurance Company

Product Name: 3539

TOI: A02I Individual Annuities- Deferred Non-  
Variable

Sub-TOI: A02I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: AMEQ-127618815 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 49747  
Closed

Co Tr Num: 3539

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 09/13/2011

Authors: Terri Parker, Kathleen  
Underwood, Tiffany Meuer, Dave  
Milligan, Troy Christensen, Janine  
Plettner-Glodt, Erin Wagner

Date Submitted: 09/09/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 3539

Project Number: 3539

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/07/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/13/2011

State Status Changed: 09/13/2011

Created By: Tiffany Meuer

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tiffany Meuer

Filing Description:

NAIC #13183

FEIN: 26-3218907

September 8, 2011

Re: Eagle Life Insurance Company

SERFF Tracking Number:	AMEQ-127618815	State:	Arkansas
Filing Company:	Eagle Life Insurance Company	State Tracking Number:	49747
Company Tracking Number:	3539		
TOI:	A021 Individual Annuities- Deferred Non-Variable	Sub-TOI:	A021.002 Flexible Premium
Product Name:	3539		
Project Name/Number:	3539/3539		

Form Filing: 3539

We are filing form 3539 for your review and approval. This is a new individual annuity application form. It has a Flesch readability score of 61.96.

To assist you in your review of this Application we include a statement of variability on the Supporting Documentation Tab.

This Application does not contain inconsistent, ambiguous, unfair, inequitable or misleading clauses, provisions that are against public policy or contain exceptions and conditions that unreasonably affect the risk purported to be assumed in the general coverage of the application.

We hope you have everything that is needed for your review and approval of our filing. If you do have any questions or further information is needed please feel free to contact us. Thank you in advance for your assistance.

Sincerely,

Tiffany M. Meuer  
Sr. Product Compliance Analyst

## Company and Contact

### Filing Contact Information

Troy Christensen, AVP Compliance Counsel	tchristensen@american-equity.com
6000 Westown Pkwy	515-457-1863 [Phone]
West Des Moines, IA 50266	

### Filing Company Information

Eagle Life Insurance Company	CoCode: 13183	State of Domicile: Iowa
6000 Westown Pkwy	Group Code: 2658	Company Type: Life
West Des Moines, IA 50266	Group Name:	State ID Number:
(515) 273-3525 ext. [Phone]	FEIN Number: 26-3218907	

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SERFF Tracking Number:	AMEQ-127618815	State:	Arkansas
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Eagle Life Insurance Company	\$50.00	09/09/2011	51412418

<i>SERFF Tracking Number:</i>	<i>AMEQ-127618815</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Eagle Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49747</i>
<i>Company Tracking Number:</i>	<i>3539</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>3539</i>		
<i>Project Name/Number:</i>	<i>3539/3539</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	09/13/2011	09/13/2011

<i>SERFF Tracking Number:</i>	<i>AMEQ-127618815</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Eagle Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49747</i>
<i>Company Tracking Number:</i>	<i>3539</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>3539</i>		
<i>Project Name/Number:</i>	<i>3539/3539</i>		

## Disposition

Disposition Date: 09/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMEQ-127618815</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Eagle Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49747</i>
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<i>Product Name:</i>	<i>3539</i>		
<i>Project Name/Number:</i>	<i>3539/3539</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	COVER LETTER		Yes
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	3539		Yes

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## Form Schedule

Lead Form Number: 3539

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	3539	Application/ 3539 Enrollment Form	Initial		61.960	3539-09 08 11(withbrackets).pdf

**EAGLE LIFE INSURANCE COMPANY**

P.O. Box 71279  
Des Moines, Iowa 50325-0279  
Telephone: (866) 526-0995  
Fax: (515) 457-1911  
www.eagle-lifeco.com

## INDIVIDUAL INDEXED ANNUITY APPLICATION FORM

**Annuitant and Owner must be the same unless the Owner is a non-natural person.** If Owner is a non-natural person, please provide supporting documentation reflecting insurable interest between Owner and Annuitant, and the U.S. city and state where entity was formed.

**Arizona Residents Only:** *Within a reasonable time of receiving a WRITTEN request from You, We are required to provide You within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If for any reason You are not satisfied with this Contract, You may return it to Your agent or Our home office for up to 15 days after You receive it, 30 days if you are 65 or older on the date of the Application. Within 10 days, We will refund any Premium paid. This Contract will then be void.*

**CONTRACT OWNER INFORMATION (All information required unless indicated otherwise)**

**Select One** ☐ Individual ☐ Joint ☐ Trust ☐ Corporation ☐ Partnership

Social Security Number or Tax/Employer ID:

Name (first, middle, last or trust/corporation name)		Suffix
Birth date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)
Physical address	Mailing address (optional)	
City, State, Zip code	City, State, Zip code	
Telephone number	E-mail (optional)	

Does the Owner reside in a nursing home or assisted living facility? ☐ Yes ☐ No

If a trust is named, provide trustee's first/last or full legal name: <i>If trust is Owner, please complete the Certification of Trust Agreement (Form 3523)</i>	Date of trust
---	---------------

**JOINT OWNER INFORMATION, IF SELECTED ABOVE (MUST BE AN INDIVIDUAL)**

Social Security Number:

Name (first, middle, last)		Suffix
Birth date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)
Physical address	Mailing address (optional)	
City, State, Zip code	City, State, Zip code	
Telephone number	E-mail (optional)	

Does the Joint Owner reside in a nursing home or assisted living facility? ☐ Yes ☐ No

Relationship to Owner



**ANNUITANT INFORMATION, IF OWNER IS NOT AN INDIVIDUAL**

Social Security Number:

Name (first, middle, last )		Suffix
Birth date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete W8-BEN)
Physical address	Mailing address (optional)	
City, State, Zip code	City, State, Zip code	
Telephone number	E-mail (optional)	
Does the Annuitant reside in a nursing home or assisted living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Owner		

2

**IDENTIFICATION**

<input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Annuitant</b> (If Owner a non-natural person) United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>Joint Owner</b> <input type="checkbox"/> <b>Annuitant</b> United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Government issued photo		Type of Government issued photo	
ID number		ID number	
Country and State of issue	Exp date	Country and State of issue	Exp Date

**BENEFICIARY DESIGNATION {% must total 100%, per beneficiary class} attach additional pages if necessary**

<b>Primary</b>	<b>Percentage</b>	SSN/TIN - Use dashes	Birth date
Name (first, middle, last or trust/corporation name)			Suffix
Physical address		Telephone number	
City	State	Zip code	
Relationship to Owner			
If the primary beneficiary is a trust or corporation, please check the appropriate box <input type="checkbox"/> Trust <input type="checkbox"/> Corporation			
If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/> Testamentary Date of trust:			
<input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Contingent</b>	<b>Percentage</b>	SSN/TIN - Use dashes	Birth date
Name (first, middle, last or trust/corporation name)			Suffix
Physical address		Telephone number	
City	State	Zip code	
Relationship to Owner			
If the primary beneficiary is a trust or corporation, please check the appropriate box <input type="checkbox"/> Trust <input type="checkbox"/> Corporation			
If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/> Testamentary Date of trust :			

Owner's Initials

<input type="checkbox"/> <b>Primary</b>	<input type="checkbox"/> <b>Contingent</b>	<b>Percentage</b>	<b>SSN/TIN - Use dashes</b>	<b>Birth date</b>
<b>Name (first, middle, last or trust/corporation name)</b>				<b>Suffix</b>
<b>Physical address</b>			<b>Telephone number</b>	
<b>City</b>	<b>State</b>	<b>Zip code</b>		
<b>Relationship to Owner</b>				
If the primary beneficiary is a trust or corporation, please check the appropriate box <input type="checkbox"/> Trust <input type="checkbox"/> Corporation				
If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/> Testamentary Date of trust: _____				

### PRODUCT

3 ☐ Clarity 7

☐ Clarity 9

**Lifetime Income Benefit Rider (LIBR)**

☐ Add Rider (I understand the fee is [.60%]) 4

☐ Do Not Add Rider

### TAX QUALIFICATION (FOR THIS EAGLE LIFE CONTRACT)

- 5
- ☐ **Non-Qualified**
- ☐ **Qualified**
- ☐ IRA  
☐ 401(k)

☐ Roth IRA  
☐ Profit Sharing

☐ SEP/IRA  
☐ Defined Benefit Plan

☐ Simple IRA

### METHOD OF PURCHASE

- ☐ **By Check** (Made payable to *Eagle Life Insurance Company*)

Expected Amount \$ \_\_\_\_\_

If this is a Qualified Contract, the contribution is for Tax Year \_\_\_\_\_

Payor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

☐ **By Transfer\***

Expected Amount \$ \_\_\_\_\_

☐ **By Replacement\***

Expected Amount \$ \_\_\_\_\_

☐ **By Rollover**

Expected Amount \$ \_\_\_\_\_

\* Please complete a separate transfer/replacement form for each policy.

6

Are you the owner, annuitant and/or insured of any existing life insurance or annuities with this or any other company? ☐ Yes ☐ No

If yes, complete replacement form(s).

---

Will the annuity applied for here replace or change any life insurance or annuity? ☐ Yes ☐ No

---

Will initial premium be a 1035 Exchange or a direct transfer? ☐ Yes ☐ No

If yes, please provide the information below and complete the 1035 Exchange Form.\*

---

Has the Owner, Annuitant or beneficiary entered into an agreement to sell or assign this annuity? ☐ Yes ☐ No

---

Has the Owner, Annuitant, or beneficiary ever sold, transferred or assigned an annuity or a life insurance policy to a third party? ☐ Yes ☐ No

---

If "yes" please provide written explanation: \_\_\_\_\_

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### OPTIONAL ADDITIONAL PREMIUM {Flexible Premium Only}

\_\_\_\_\_ Additional Premium Amount

\_\_\_\_\_ Premium Mode (annual, semi-annual, quarterly, monthly)

\_\_\_\_\_ Planned Premium Amount

Owner's Initials \_\_\_\_\_

**BENEFICIARY DESIGNATIONS**

Your **primary** beneficiary(ies) will be paid any death benefit existing under the contract. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Addendum. For assistance with beneficiary designations, contact your financial advisor or an Eagle Life Client Service Professional at 866-526-0995.

**CIVIL UNION/DOMESTIC PARTNER**

Although your state might recognize civil unions, domestic partners, or same sex marriages as spouses, federal laws governing annuities and/or retirement plans may not afford a civil union, domestic partner, or same sex marriage spouse the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union, domestic partner, or same sex marriage spouse might not receive spousal protection under ERISA and pay out options available to the civil union, domestic partner, or same sex marriage spouse upon death of the owner/annuitant may differ from those available to a spouse. For information regarding federal tax laws please consult a tax advisor.

**NOTICE:** State insurance law may prohibit the owner of an annuity contract from entering into any agreement to sell, transfer, or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued. You should consult with legal advisors if you have any questions about these matters.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**District of Columbia Residents Only:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

**TAX IDENTIFICATION NUMBER CERTIFICATION (Substitute W-9)**

☐ **Not Subject to Back Up Taxes. Under penalties of perjury I certify that:**

- a) the number shown on this form is my correct taxpayer identification number; and
- b) I am not subject to backup withholding because:
  - 1) I am exempt from backup withholding; or
  - 2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
  - 3) The IRS has notified me that I am no longer subject to backup withholding.

☐ **Subject to Back Up Taxes**

**Under penalties of perjury I certify that:**

The number shown on this form is my correct taxpayer identification number.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Owner's Initials

## OWNER'S STATEMENT

By signing below, the contract Owner acknowledges the statements mentioned above and agrees to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
2. I understand that I may return my contract within the free-look period if I am dissatisfied for any reason.
3. I believe this product is suitable for my financial goals.

Signed at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_  
(City) (State and Zip) (Date)

\_\_\_\_\_  
(Owner's Signature) (Joint Owner's Signature)

\_\_\_\_\_  
(Annuitant's Signature, if other than Owner) (Witness)

8

\_\_\_\_\_  
Distributor Account Number (Witness Signature)

9

## FINANCIAL ADVISOR OF RECORD

Representative #: \_\_\_\_\_ ☐ A ☐ B ☐ C

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract where s/he is the owner, annuitant or insured. ☐ Yes ☐ No

State License #: \_\_\_\_\_

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity?  
☐ Yes ☐ No

If this is a replacement, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

I personally met with the Owner(s) and Annuitant, reviewed the government issued identification described above and verified to the best of my knowledge, that it accurately reflects the identity of the Owner(s) or Annuitant.

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant. I have presented a signed copy of the product disclosure, have not made statements which differ from the annuity contract, and have not made promises or assurances about the future values of the contract.

\_\_\_\_\_  
Licensed Agent/Registered Representative (Print Name)

\_\_\_\_\_  
Licensed Agent/Registered Representative Signature

\_\_\_\_\_  
Relationship to Owner

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

### INTERNAL USE ONLY:

Transaction ID \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>AMEQ-127618815</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Eagle Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49747</i>
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<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>3539</i>		
<i>Project Name/Number:</i>	<i>3539/3539</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
ARCert Read110907.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	
<b>Comments:</b>		
N/A--Form filing is for an application		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Life & Annuity - Acturial Memo	
<b>Comments:</b>		
N/A		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	COVER LETTER	
<b>Comments:</b>		
<b>Attachment:</b>		
ARCoverLetter-110908.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Statement of Variability	
<b>Comments:</b>		
<b>Attachment:</b>		

<i>SERFF Tracking Number:</i>	<i>AMEQ-127618815</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Eagle Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49747</i>
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	<i>Variable</i>		
<i>Product Name:</i>	<i>3539</i>		
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**StmntVaria 110907.pdf**

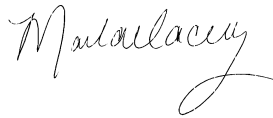
CERTIFICATION

TO: ARKANSAS DEPARTMENT OF INSURANCE

FROM: EAGLE LIFE INSURANCE COMPANY

Forms:  
3539 Score of 61.96

This is to certify that the attached Forms achieve a Flesch Reading Ease Test Score of at least 50.0



---

Marla G. Lacey  
Vice President, Chief Compliance Officer & Associate General Counsel

September 8, 2011  
Date



NAIC #13183  
FEIN: 26-3218907

September 8, 2011

Re: Eagle Life Insurance Company  
Form Filing: 3539

We are filing form 3539 for your review and approval. This is a new individual annuity application form. It has a Flesch readability score of 61.96.

To assist you in your review of this Application we include a statement of variability on the Supporting Documentation Tab.

This Application does not contain inconsistent, ambiguous, unfair, inequitable or misleading clauses, provisions that are against public policy or contain exceptions and conditions that unreasonably affect the risk purported to be assumed in the general coverage of the application.

We hope you have everything that is needed for your review and approval of our filing. If you do have any questions or further information is needed please feel free to contact us. Thank you in advance for your assistance.

Sincerely,

Tiffany M. Meuer  
Sr. Product Compliance Analyst



# EAGLE LIFE INSURANCE COMPANY

## STATEMENT OF VARIABILITY

### 3539

I certify only items within brackets are variable. They will vary as follows:

#### Page 1

**1. Address, Telephone Number:** May vary if we change locations.

**Web address:** May change/vary should the domain name become unavailable.

#### Page 2

**2. Identification:** May change due to future regulation on required identification.

**3. Product Name:** Denoted as variable so that we may add approved products or remove products as the market changes.

**4. Lifetime Income Benefit Rider (LIBR Fee):** Set at issue, based on IAV Rate, ranges from 0% to 1.00% annually. When we change the Rider Fee for new issues, we change it for all new issues at that time. The Rider Fee may change at the beginning of a new IAV Period if Eagle Life has experienced adverse experience with the Rider.

**5. Tax Qualification:** May change due to any future options that may arise.

#### Page 3

**6. Method of Purchase:** Policyholder questions may change due to future required regulations.

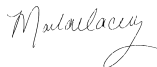
#### Page 4

**7. Beneficiary Designations:** May be removed in the future and addressed on a separate informational brochure to provide further more in-depth information.

#### Page 5

**8. Distributor Account Number:** Is an account identification number associated between the broker and the client. May be removed / or additional same lines provided based on use of the field.

**9. Financial Advisor of Record:** Will be at least that which is shown currently however may provide for additional advisor of record fields for policies that may be split among other representatives.



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Marla G. Lacey  
Vice President, Chief Compliance Officer, Associate General Counsel  
September 7, 2011